

TO: Mott Community College
 (Name of College or University)

FROM: Lapeer High School

SUBJECT: Verification of Eligibility for Post-Secondary Enrollment

This letter is to verify that _____, a _____ at Lapeer High School, meets the conditions outlined in Public Act 160, has received the prescribed counseling and detailed information, and is currently eligible for post-secondary enrollment in any of the following subjects:

Course No.	Course Title	Credits	Term	College	High School	HS & College
				Credit Earned		

The student must choose where credit will be earned. If credit is to be used for high school graduation, the grade must be calculated into the high school GPA.

It is understood that your institution will send written notice to our district and the student indicating the course or courses and hours of enrollment. Your notice to the student will also notify the student of tuition, fees, books, materials, other related charges, and the amount of the eligible charges. It is also understood that following the drop/add period, you will transmit a bill to our district detailing the tuition and fees for this student. **We acknowledge that our district is responsible for the lesser amount of (1) the actual charge for tuition and fees; or (2) the student's foundation allowance, adjusted to the proportion of the school year the student attends the post-secondary institution. The student is responsible for the remainder of the tuition and fees, if any. Please use the following address to bill the district:**

Mrs. Michelle Bradford, Director of Curriculum and Instruction
 Lapeer Community Schools
 250 Second Street, Lapeer, MI 48446

If there are any questions relative to the above, I can be reached at 810-667-2401.

 (Student Signature) (Date) (Parent Signature) (Date)

 (Counselor's Signature) (Date) (Administrator Signature) (Date)

1 - High School Information

Applying for admission as: Dual Enrolled (all or part paid by school) Early Admit (parent pays cost) Early College (5th year program)

At the beginning of the semester, the student will be in: 9th grade 10th grade 11th grade 12th grade 5th year

High School Name: Lapeer High School School Telephone: (910) 667-2418

2 - Student Information

Student's Name: _____ SS# or MCC ID# _____
Legal Name

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Date of Birth: ____/____/____ Anticipated HS grad year: _____

A. Parent/Legal Guardian Approval

I approve the above named student's enrollment at Mott Community College. I will assume financial responsibility for the student's tuition, fees, and books/supplies that are not covered by their school.

 (Parent/Legal Guardian's Signature) Date

B. Student Approval

I authorize Mott Community College to release information concerning my academic progress and grades to my high school. If I wish for my parent/legal guardian to have access or ability to do business on my behalf, I will complete the Authorization to Release Information and submit it to the Record's Office.

 (Student's Signature) Date

3 - Approved Courses

Approved to take a maximum of 1 , 2 , 3 , or () classes. What is the student's current GPA? _____

Fall 20____ (Sept.- Dec.) Winter 20____ (Jan.- April) Spring 20____ (May.- June) Summer 20____ (July.- Aug.)

Course #	Course Title	Cr Hr	Circle one Below	Course will fulfill HS graduation requirement	
Example: ANTH 100-01	Survey of Forensic Science	3	And Or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			And Or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			And Or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			And Or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			And Or	Yes <input type="checkbox"/>	No <input type="checkbox"/>

 Counselor's Name Counselor's Signature Date

4 - Dual Enrolled Student's School District Approval and Payment Authorization

Our records show that this student has met all of the requirements of the Postsecondary Enrollment Options Act of 1996. Further, this course(s) is/are not available in our school district, and that we will reimburse Mott Community College for tuition and fees in the amount indicated for these course(s).

The School District will be responsible for: Total Tuition & Fees Coverage up to: \$ _____ per class or total

Principal's Signature: _____ Not Eligible for Funding
(Required if Dual Enrolled Eligible)

Date: _____

School Billing Address: _____

Send completed certification, admission application and high school transcript to:

Office of Admissions & Recruitment
 Mott Community College
 1401 East Court Street
 Flint, MI 48503
 Fax (810) 232-9442 Telephone (810) 762-0255

OFFICE USE ONLY: Cert ID HST GPA
 ACT/SAT/PT Orientation AD/MS Perc STSP

Mott Community College Class Schedule Worksheet

Student ID # _____

<u>Term</u>
<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter

First Name _____ MI _____ Last Name _____
 Address _____
 Please check if this is a new address
 City/State/Zip _____ Date of Birth ____/____/____
 (mm/dd/yy)
 Telephone # _____

<u>Method of Payment</u>	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check
<input type="checkbox"/>	Credit Card
<input type="checkbox"/>	Financial Aid
<input type="checkbox"/>	UAW/GM
<input type="checkbox"/>	Other

I agree to pay for all charges I incur including tuition & non-refundable fees. If I decide not to attend college, these classes must be dropped by me. Full refund is through the 7th day from the start of the term. Half refund begins the 8th day and ends the 11th day from the start of the term (Available terms could include: 15 week, 1st Half, Delayed Start, 2nd Half). Dates are subject to change due to holidays and weekends. (See published tuition refund dates for current information). I am aware of the policies pertaining to tuition, refunds, and fees, including charges associated with any changes that I make to this schedule.

✓ To Drop	Course Section Code	Course Title	Campus Main, SUBC, IAPR, NTC	Course Dates Begins	Course Dates Ends	Credit/Contact Hours	Days	Times Begins	Times Ends	Instructor Signature (if required)
✓	ENGL 101-01	English Comp	Main	mm/dd	mm/dd	3	MTWRF/S	9:00	10:00	
Totals _____										

Authorizing Signature* _____

Date _____

*Advisor or Counselor Signature required for all students on Academic Probation
 *Students taking more than 18 credits (9 for Spring/Summer) must have the signature of the Dean of the Division that houses their program of study.

Mott College

on-line application process is:

****You will need your Social Security Number for registration purposes****

- 1.) Go to www.MCC.edu
 - 2.) Students tab
 - 3.) Future students
 - 4.) Apply online (Steps 1-7)
Choose Out of District resident
 - 5.) Print registration confirmation page and bring into the Counseling Department.
- It will take Mott two business day to create your ID Number.
 - Afterwards, before you can start your classes you will need to set-up with Mott to do their:
 - 1.) Placement testing
 - 2.) Orientation